



# Independent Living Strategy

## 2012 to 2015

Version 1: 4 July 2012

# Foreword

This strategy looks forward to 2015, aiming to offer people the opportunity of a lifestyle that suits them. In doing so, we recognise that it is a basic right of everyone to be able to choose what is best for them to meet their needs, aspirations and preferences. Only then can people rightly say that they have a quality of life that they are happy with.

We know that people are living longer, with more complex health and social issues, but people are also more active for longer and have higher expectations from society and service providers. For this reason, we aim to cater for all people within our communities, ensuring that their wellbeing and health is maintained or improved so that they can live life with confidence and independence.

We feel that no one should be isolated, insecure or cut off from the daily activities that the majority of us benefit from and take for granted. We therefore believe our services should be more accessible to people, and should be accessible to them in their own home, rather than having to move accommodation to access services. This will include assistance with practical everyday matters so that people are more comfortable, safe and cared for. Above all, we would like people to feel more certain and sure about the future and look forward to it with optimism.

This strategy is a clear statement that our intentions and sentiments will become reality for the many customers that we serve and outlines our commitment to do the best we can for each individual. We are realistic in knowing that we are facing turbulent and tough times ahead. The proposed social housing and welfare reforms will pose substantial challenges for WDH and its communities. For this reason, we will be assessing the impact of these changes up to 2013. This will then enable us to look forward to 2015 and our next milestone, to 'offer real choice and real opportunity.' We hope that then, we can all look back with pride, knowing that we have delivered what we said we would deliver, and have the confidence to look forward to do even better.

**Kevin Dodd**  
Chief Executive  
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Chair of Board  
WDH

# Independent Living Strategy 2012 to 2015

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## 1. Strategy Aim

The Independent Living Strategy has a clear focus on support, care and healthier living. The strategy has three main aims:

- to provide comfortable and affordable homes;
- help people live independently; and
- promote social inclusion within the community

If this strategy is successful we will have empowered individuals to have greater opportunities, greater choice and increased satisfaction in the way they access their support and care services.

## 2. WDH's Housing's Vision

WDH has a Vision to create confident communities. It has three, five year reviewable milestones:

**2015 Offer real choice and real opportunity.**

**2020 A social enterprise with social impacts.**

**2025 Make real change through social outcomes**

WDH has four **Strategic Objectives**.

- Be a landlord of choice by putting the customer first.
- Adopt best practice in good governance to be a well-managed business.
- Be a positive force through leadership and influence to develop the potential of our people.
- Be a partner of choice to create better places to live.

## 3. Background to the Strategy

The Independent Living Strategy is a strategy for anyone who at some point in their life may need additional help and support to prevent them from becoming dependent upon others, and isolated from their community.

We are operating within communities that have complex and multiple needs.

**Appendix 1** provides information on our current tenants profile and the Wakefield district.

The environment that dictates the course of this strategy is also complex. To understand the main issues and influencing factors of the environment is essential to help us shape our future services and the direction in which we travel, an environmental analysis is attached at **Appendix 2**.

**Appendix 3** demonstrates the current Independent Living Offer and this helps to set the scene for developing future services.

## 4. Annual Milestones

Year	Milestone	Expected Outcome / Impact
2012	Deliver the Independent Living Improvement programme	<p>Increased housing options for older and vulnerable people</p> <p>Increase movement of older people into Independent Living from family accommodation</p> <p>Reduced accident in the home</p>
2013	Implement a range of housing support and care services for older and vulnerable people	<p>Reduce hospital and residential care admissions.</p> <p>Facilitate faster hospital discharge</p> <p>Maintain people in their own home</p> <p>Increase the number of customers accessing WDH support and care services</p>
2014	Evaluate options to become partner of choice on prevention technologies	<p>Expansion of Care Link services to provide Telehealth services</p> <p>Increased commissioning of telecare and telehealth services</p> <p>Efficiency savings for health and social care through investment in low cost prevention services</p>
2015	Provide a range of housing options, and support and care services for older and vulnerable people	95% of customers satisfied with their home and support and care services

## 5 Targets and Plans for Change

The detailed action plan is shown in **Appendix 4**.

In summary this strategy will:

### **Provide comfortable and affordable homes for older and vulnerable people**

- Independent living and extra care accommodation will be modernised to meet the demands of an ageing population. Our £35 million improvement programme will continue to 2016.
- We will work with partners at Wakefield Council to identify new build opportunities and design accommodation that will support complex needs such as Dementia.
- Encourage older people to move to independent living accommodation through marketing and the use of the Home Re-locator service.

### **Help people to live independently**

- Provide support and care services that offer choice and flexibility to service users and which are tailored to their personal requirements.
- Explore the potential to develop new support and care services based on need, demand and the increase in complex health issues.
- Ensure employees that work in support and care are skilled in dealing with Dementia, and raise awareness of Dementia amongst all employees to help with earlier diagnosis.
- Promote and mainstream the use of telecare and telehealth in the delivery of support and care services
- Continue to provide Care Link services 24 hours a day, every day of the week, with the response service, and in line with the Telecare Services Association (TSA) standards.
- Enhance Care Link technology by moving from the traditional hardwire services to community alarms, which will increase choice and flexibility for service users.
- Provide adaptations to reduce accidents in the home, ensure that Occupational Therapy (OT) assessments are completed in target and operate a 'man in van' service to ensure fast installation of minor adaptations.
- Support people to move to more appropriate accommodation through our Special Needs rehousing process and OT advice.

## **Promote social inclusion within the community**

- Market the range of support and care services, enabling people to have the knowledge to make informed choices and ability to easily access services.
- Using the skills of the OT Team, develop further support services for vulnerable people in our community, including the delivery of falls, dementia and stroke awareness sessions and the offer of personal development plans.
- Explore opportunities with the Public Health Service to secure long term funding for our team of Health Inequality Workers.
- Ensure that our work to support and care for service users is integrated with partners in health and social care, continuing the work of the Integrated Networks across the district.
- Safeguard children and vulnerable adults from abuse, and ensure that dignity standards are promoted at all times.
- Ensure that tenant vulnerability indicators are recorded to help tailor services to meet need.
- Promote health, leisure, employment and training opportunities through our partnership work, Health Inequality Team and Skills and Enterprise Strategy.
- Promote the use of modern information technology within Independent Living schemes, provide training for older and vulnerable people enabling them to have more opportunities to access services and improve social opportunities.
- Promote the use of independent living facilities for social activities and continue to host events that promote leisure activities and healthy living advice

The outcomes that will be achieved in line with WDH four strategic objectives are:

## **Be a landlord of choice by putting the customer first**

- High satisfaction levels with support and care services provision.
- Individual and tailored service delivery in line with customer requirements.

## **Adopt best practice in good governance to be a well-managed business.**

- Maintain TSA accreditation.

## **Be a positive force through leadership and influence to develop the potential of our people**

- All employees providing support and care services are highly skilled and trained in dealing with complex health issues

## **Be a partner of choice to create better places to live.**

- Modernised independent living accommodation that provides safe, secure and affordable accommodation options for older and vulnerable people

## **Background Papers**

[www.wakefield.gov.uk](http://www.wakefield.gov.uk) population and district statistics

[www.local.gov.uk](http://www.local.gov.uk)

Wakefield Council Strategic Review of Older People Services (enter date)

Equity and Excellence: Liberating the NHS, White Paper 2010

Marmot Review, Fair Society, Health Lives 2010

Welfare Reform Bill 2011

Independent Living Offer document 2011

## Appendix 1: Profile Information

### WDH Tenants

- 50% of our tenants are over the age of 65.
- 50% of our households are occupied by a single person.
- 61% of our tenants have a long term illness or disability.
- 8.4% of tenants moved to WDH for medical and health reasons.
- 4.6% of tenants moved to WDH to receive support services.
- 67% of our tenants have an average income of less than £10,399.
- 10% of our tenants are wheelchair users.
- 1,500 households do not have a bank account.

### The Wakefield District

- Wakefield is the 54th most deprived local authority area in England out of 345.
- Wakefield is in the top 10 areas nationally with ever increasing older households.
- The number of people aged 50 and over is 35% with a predicted increase over the next ten years to 40%.
- In the Wakefield district 49,500 people are aged 65 and over; this is predicted to increase by 19% by 2014 and by 20% by 2027. By 2033 it is projected to be over 24.3% of the population.
- The male 65 and over population is expected to grow by 33% and the female 65 and over population is expected to grow by 19.5%. The male 85 and over population is expected to grow by 53% and the female 85 and over population is expected to grow by 18.2%.
- The district has an average age of 40.9 years.
- We have 22.4% of the Wakefield population reporting to have a long term illness or disability and over 5% of 65 and over in Wakefield are expected to suffer from dementia.
- Life expectancy, early deaths from heart disease, stroke and cancer and rates of mental health problems are all above the England average.
- Lifestyle issues are contributing to poor health with Wakefield's rates of smoking, binge drinking, obesity and healthy eating all being worse than the England average.
- The rates of obesity are increasing with 26.9% of the population classed as obese, ranking in the worst 20% of districts nationally.
- 25.4% of the population smoke, ranking in the worst 40% of districts nationally.
- Cancer mortality remains high with the area ranking in the worst 20% of districts nationally.
- 9.3% of the working age population claim incapacity benefits, ranking in the worst 20% of districts nationally.
- 11.1% of the population provide unpaid care to look after or support family members, friends or neighbours.
- In Wakefield by 2015 only 30% of people age 35 will be able to purchase their own property.

## Appendix 2: Environmental Analysis

### An Ageing Population

We are facing the challenge of an ageing population. Housing needs will change as people get older, and conditions deteriorate. We want to deliver the right type of support and care, and homes that are designed to help people with a disability and illness to stay at home independently.

- Over the last 25 years the percentage of the population aged 65 and over increased from 15% in 1983 to 16% in 2008.
- By 2023, 23% of the population are predicted to be aged 65 and over compared to 18% aged 16 or younger.
- By 2083 one in three people in the UK will be over 60.
- The fastest population increase is the over 85 age group, which is predicted to increase by 85% by 2031.
- There are already over 17.5 million people in the UK with a long term condition, and by 2025 the predictions are that at least half the population will have a long term condition.

Over three quarters of a million people aged 65 and over need specially adapted accommodation because of a medical condition or disability.

Most of the country's homes and communities are not designed to meet the changing needs as people grow older. Options are limited to care homes, and independent living or sheltered housing schemes and extra care.

### Dementia

As the ageing population increases so do the cases of dementia. Dementia is a common disease which is not an inevitable consequence of ageing.

- The worldwide cost of dementia for 2010 will be £388 billion in social care, unpaid care by relatives and medical bills.
- Dementia costs the UK economy £17 billion a year and with the number of people with dementia predicted to grow over the next 30 years, the cost to the UK will increase to over £50 billion a year.
- The World Alzheimer Report 2010 predicts that dementia will be 'the most significant health and social crisis of the 21st century'.
- Currently it is estimated that there are over 570,000 people in England living with dementia and this figure is likely to double over the next 30 years in the absence of any medical breakthrough in treatment.
- In 2009 there was a reported 35.6 million people with dementia worldwide, it is predicted that this figure would grow to 65.7 million by 2030 and 115.4 million by 2050.
- A case of dementia is being diagnosed every three minutes.
- By 2026 forecasts suggest that one in five adults over 65 will suffer from dementia.

## Supporting People

WDH Support Services are reliant on the Supporting People Fund, which is granted for people who are on low income and housing benefit to help pay for their housing related support.

In April 2010 Supporting People saw the removal of its ring fence with the dispersal of the fund within the Local Area Agreements. The public sector cuts could lead to the loss of this funding entirely, with resources being targeted to pay for crisis services.

Supporting People places the emphasis on housing-related support and aims to achieve positive outcomes for individuals in line with personal circumstances, preventing the demand for more expensive services.

The 2010 report commissioned by the Yorkshire and Humber Housing Related Support Group highlights the contribution of housing-related support to the achievement of positive outcomes for vulnerable people, and the financial benefits of doing so. It concluded that at a national level the savings are very clear - two pounds are saved for every pound invested in Supporting People services.

**‘The programme has been instrumental in supporting the needs of some of the most vulnerable and socially excluded members of society and delivers savings to the Exchequer of £3.4 billion for a £1.6 billion investment a year.’**

This offers an opportunity to WDH to promote our services to our partners in Health and Social Care to help more people in the community and reduce their growing burden.

The Supporting People Programme recognised that the traditional way of delivering housing related support through residential scheme managers was a one size fits all service, which does not offer flexibility and choice to the service user. As a result, many housing support providers have modernised the way in which they deliver housing related support services

Our strategy proposes change to the way our traditional scheme manager services are delivered. We want to transform our current services to older and vulnerable people to offer choice, individually tailored support, flexibility and affordability. In doing this, we will ensure that there is a robust consultation plan with tenants and our partners.

## Assistive Technology

Advancements in Telehealthcare and Assistive Technology will help deliver housing support services to meet need in a cost effective way.

Technology has the potential to modernise the way in which many aspects of health and social care are currently delivered to the benefit of users, carers, service providers and the tax payer. This is not at the expense of the personal touch for customers. On the contrary, it ensures a personal response at the right time and in the right way.

Our strategy looks to optimise business opportunity for our Care Link Service, generating more income that will be channelled into supporting more vulnerable people across our communities.

## **A New Government**

The Coalition Government has set out its programme, with a focus on giving power to local communities and individuals.

Proposals to reform the health service are given in The White Paper 2010 Equity and Excellence: Liberating the NHS.

The Government intends to abolish primary care trusts by 2013 by giving commissioning powers to local GP consortiums who will set local priorities each year. This will have a significant impact on the way we currently work with our partners in the health service, who commission services from us and currently integrate their work with our front line services.

The Marmot Review, Fair Society, Healthy Lives identifies the importance of tackling health inequalities. We are committed to working alongside the commissioners of health services to continue with our role in tackling health inequality.

Social care is essential to two million vulnerable people, at a cost of £20 billion a year. This is predicted to increase with the ageing population.

The Government recognised that the current care system designed in the 1940s is no longer fit to face the challenges of the 21st century.

They continue to support the role of personal budgets, giving more control and purchasing power to the individual, and they encourage community based support and care provision.

Our strategy aims to establish community based support that can be delivered across the Wakefield district and beyond. We want to offer a service that can be accessed by anyone with an identified need regardless of the type of property they live in. This will benefit clients, partners and commissioners alike.

## **Challenges for Public Sector Services**

The public sector is facing one of its biggest challenges yet due to the announced public spending cuts.

Low income and poor health can impact on diet, exclusion from social activities and increased isolation. Disabled adults, people with mental health issues, and those with caring responsibilities are at a higher risk of having a low income.

Social Services are targeting resources to meet individuals in most need, leaving large groups of people with their needs being un-met and more reliant on our support services.

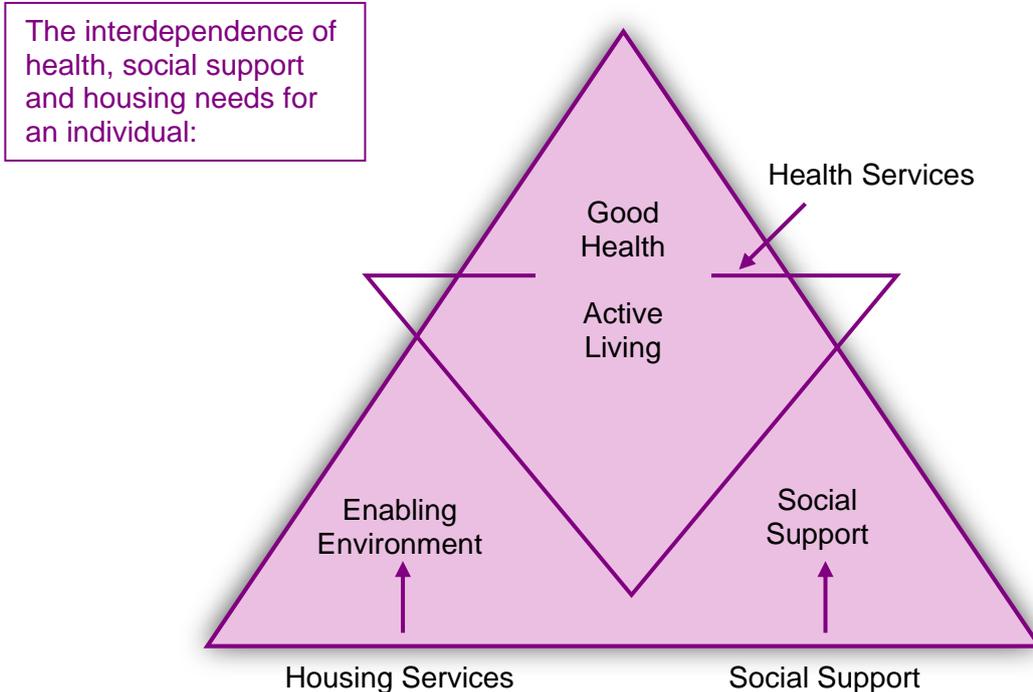
The health service are reducing the number of hospital beds and moving towards community based services. Spending cuts to the Health and Social Care services could lead to more reliance on prevention services that can be offered by housing providers.

The average cost to the state of a fractured hip is £26,665. This is almost five times the average cost of a major housing adaptation, and 100 times the cost of fitting a hand and grab rail to prevent falls.

A suitably adapted and equipped home can produce savings to social care budgets in the region of £25,000 to £80,000 a year.

Housing and its support service continues to be one of the greatest influences on the health and care of the nation and should not be seen as separate from Health and Social Services. The new Health and Wellbeing Board in Wakefield will play a major role in commissioning services for the future, of which Housing is a main partner.

### The Triangle of Independence



### The Recession

The global recession and the slowing down of the housing market have limited the opportunities for older people to sell larger homes for more appropriate accommodation. As a result we may see a growth in the need for adaptations and across tenure housing support.

### Social Housing and Welfare Reform

The Decentralisation and Localism Bill published in December 2010, sets out proposals around local democracy and devolved decision making. The reform is around:

- social housing tenure with emphasis on fixed length tenancies;
- allocations and allowing greater freedom to decide who goes on to housing waiting lists;
- homelessness and using private rented sector accommodation to discharge statutory duties;
- housing finance and allowing councils to spend rental income, rather than losing it to central Government;
- National Home Swap Scheme to improve tenant mobility; and
- social housing regulation and strengthening social tenants ability to hold their landlords to account

All of this will change the way social housing is delivered, managed and regulated and could change the relationship we have with both tenants and the local authority. WDH will attempt to minimise any negative impacts and use this to strengthen relationships to deliver more customer focused services.

The Welfare Reform Bill published in February 2011 embarks on the biggest overhaul of the welfare benefits system since the post war 1940s. The reform is around:

- introducing a Universal Credit to provide a single streamlined benefit to make sure work always pays, including a benefit cap per household;
- a stronger approach to reducing fraud and error with tougher penalties for the most serious offences;
- a new claimant commitment showing clearly what is expected of claimants while giving protection to those with the greatest needs;
- changes to Disability Living Allowance, through the introduction of the Personal Independence Payment to meet the needs of disabled people;
- creating a fairer approach to Housing Benefit to bring stability to the market and improve incentives to work; this will include changes to non-dependent charges and where tenants are under-occupying properties;
- driving out abuse of the Social Fund system by giving greater power to local authorities;
- changes to Employment and Support Allowance to make the benefit fairer and to make sure that help goes to those with the greatest need; and
- changes to support a new system of child support which puts the interest of the child first.

In reality, these changes will result in a reduction in income for many claimants of benefits. Approximately 63% of WDH's tenants receive Housing Benefit with 55% of those being of working age so we expect to see more pressure on low income households who will be in need of more support.

We will therefore be assessing the impact of these reforms not only on financial matters but on other housing-related matters such as housing transfers to smaller properties and requests for adaptations.

WDH will therefore have to consider a number of measures including changes to the Allocations Policy and introducing tailored tenancies, pre-tenancy classes and lifestyle assessments.



# Independent Living Offer

## 2012 to 2015

# Independent Living Offer

WDH's Independent Living Offer complements its Independent Living Strategy and Action Plan to 2015. The purpose of the strategy and offer is to demonstrate how WDH can support anyone who at some point in their life may need additional support to prevent them from becoming dependent upon others and isolated from the community. The strategy has a clear focus on support, care and healthier living.

The strategy identifies the objectives for independent living and provides a key focus for WDH in meeting its Vision and achieving the 2015 milestone of offering real choice and real opportunity.

The Independent Living Offer demonstrates practically how this can be done and recognises that people within communities have varied and sometimes complex multiple needs. It therefore aims to promote equality in service access and provision to meet diverse needs. It also provides choice and flexibility to those requiring our accommodation and services to give them the best opportunity possible to live a life that is independent and fulfilling.

We want to be able to give individuals the freedom to make their own decisions so they can live their lives the way they want to and have a quality of life that suits them now, whilst offering confidence for the future, which they can look forward to with optimism.

## This is our offer to you

### We provide a comfortable and affordable home

- Independent living and extra care properties provide a safe and secure environment in which to live. Our properties are spread throughout the district and provide a range of different accommodation including apartments within integral properties which have communal facilities and bungalows which have a community centre. They provide support 24 hours a day, every day of the week, with access to Care Link technology and an out of hours response service.
- Our independent living investment programme is well underway. Through modernising existing accommodation to an innovate specification, devised with our service users, we are incorporating lifetime home standards and inclusive design principles, resulting in our tenants having homes that meet their needs now and in the future.
- Our independent living and extra care schemes are maintained to a high standard and we have a dedicated Grounds Maintenance Team who makes sure the external grounds of our schemes are kept clean and tidy. Tenants can report repairs 24 hours a day, every day of the week through our OneCALL service, and we have a handyman service that will assist tenants with day to day minor repairs.
- When we modernise our independent living and extra care schemes we make sure that residents have suitable alternative accommodation with support, and take care of all moving arrangements during the work.
- Our in-house team of Occupational Therapists (OTs) work alongside the Capital Improvement Programme to make sure that adaptation requirements are carried out at the same time as the modernisation works, minimising disruption for tenants. Our OTs will also work in partnership with Wakefield Council to provide major and minor adaptations in the homes of people with physical disabilities, to help them live comfortably, help reduce accidents and hospital admissions, and help earlier discharge from hospital.

- We assess people who need to move to more appropriate accommodation for medical reasons, and make sure that where necessary, priority is awarded. Where a person requires specific adaptations we allocate a property that matches the requirement through a direct let, making best use of our existing stock by avoiding further need for new adaptations.
- Through our Extra Care Protocol with Wakefield Council we have on-site care teams located at Croftlands and New Priory Extra Care, and we are exploring opportunities for developing a new build extra care scheme. All proposed plans for new build schemes involve WDH's team of OTs to make sure that disabled peoples' requirements are taken into account at the design stages to achieve inclusivity.
- WDH is a partner on the Learning Disability Housing Sub-Group and where opportunities arise to develop accommodation to support people with learning disabilities we will look to maximise them.

## We help people to live independently

- Our Independent Living and Care Link services provide support 24 hours a day, every day of the week. Services include access to a scheme manager, Care Link technology and an out of hours response service. We also offer a weekend visiting service for some of our most vulnerable tenants. Collectively the services offer peace of mind and reassurance enabling older and vulnerable people to live safely and securely in their own home.
- We assess support needs and potential risks prior to a person moving into independent living accommodation. This is to make sure that we can put in place the appropriate support services to maximise a person's opportunity to live independently.
- A support plan is agreed with all independent living tenants, and this is regularly reviewed to reflect any changing needs.
- Our Independent Living and Care Link services strive for excellence and we have been awarded Level A in the Quality Assessment Framework for Supporting People. In future inspections we aim to maintain this standard.
- Care Link services provide a wide range of assistive technology solutions and a response service any time of the day. We encourage our partners in health and social care to realise the potential of this technology and the efficiencies that it produces. We have developed schemes such as extreme temperature monitoring to prevent people over the warmer and colder months experiencing health problems due to overheating or under heating, reducing the reliance on emergency services.
- We have a unique team of five Health Inequality Workers commissioned by the Primary Care Trust. The team work to identify vulnerable people who would not necessarily be known to any statutory agency. Through one to one support, the workers encourage people to make their own lifestyle changes that will improve their health, quality of life and overall wellbeing.
- Our Adaptation Team offers a rapid response for minor adaptations through our 'man in van' service. In some cases we are able to complete the adaptation on the same day as the referral to facilitate hospital discharge. We also carry out same day assessment and installations by an OT accompanying the 'man in van' for a day.
- We monitor the performance of our adaptation service on a weekly basis to aim to provide a fast response to adaptation referrals to meet individual needs and deliver constant high customer satisfaction.

- We work closely with our partners in the integrated network to make sure that our service users receive the most appropriate support for their needs.
- We constantly challenge the way in which we provide services and consider new and innovative ways of working. We look to learn from best practice through our benchmarking clubs and the Housing Learning and Improvement Network and this is always done with the customer in mind.

## We promote social inclusion for our communities

- We value equality and diversity and will not tolerate any form of harassment or discrimination.
- All our service access points (SAPs) are designated Hate Incident Reporting Centres, enabling easier access for victims and witnesses to report incidents. SAPs – disability access.
- We monitor customer satisfaction for all our support services, and operate service user groups to encourage our service users to have a say in how our services are delivered and developed.
- We are members of the Adult and Children Safeguarding Boards. We have an internal working group to make sure that policies and procedures on Safeguarding vulnerable people are effectively implemented throughout WDH and that our employees receive appropriate training on the subject
- Our Access to Services Strategy has been developed to make sure that everyone has equal opportunity to access our services in a way that is appropriate to them. We offer various ways in which people can access and be involved with services and their delivery.
- We have included IT facilities in some of our independent living and extra care schemes, and provided training and encouragement to older and vulnerable people to use the facilities.
- We currently have more than 10,000 vulnerability indicators on our data base, enabling us to tailor our approach to service delivery, ensuring that we are diverse and inclusive.
- Our independent living schemes encourage and promote social and leisure activities to keep older and vulnerable people fit and active. With our partners in the integrated networks we have hosted a number of large events that have enabled the wider community to become involved and experience our independent living schemes.
- We promote training and employment opportunities and have developed a Skills and Enterprise Strategy and employ Community Employment Advisors to take forward this work.
- We promote financial inclusion and have a specialist team, who help people claim benefits they are entitled to, help them to maximise their income and help them with debt problems.
- We will not tolerate antisocial behaviour and crime in our communities, and have developed a Community Safety Strategy, explaining how we will help vulnerable victims of crime and antisocial behaviour. Our innovative approach has been to employ a team of Police Officers who work alongside our employees to tackle these issues.

## Independent Living Strategy Action Plan 2012 to 2015

### To provide a comfortable and affordable home

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PO9 PO13	Modernise independent living and extra care schemes to provide modern, comfortable and affordable accommodation.	90% overall tenant satisfaction with the improvement work.  Modernise two and a half independent living schemes a year up to 2016.	Modernise independent living schemes in line with Capital Programme.	Service Director Enterprise and Health	£35m	2017	Completed the following schemes:  Monument Mews  Newfield House  Ashfield House  New Priory (Extra Care)  Bembridge House
PO13	Work with partners to identify opportunities to build a new extra care and dementia schemes for older and vulnerable people.	One new extra care scheme in the south east.	Choice of appropriate modern and affordable housing for older people.  Reduced under occupancy.	Service Director Community Regeneration  Service Director Enterprise and Health	£6m approximately new build extra care.  Funding to be secured.	2015	Held initial discussions with Wakefield Council

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PS12	Assess the future sustainability of independent living schemes.	90% of customers satisfied with support services.	Redirected funds to provide community services.  Remaining independent living schemes are viable.	Service Director Enterprise and Health	£60k decommissioning for each scheme.  £50k demolition costs for each scheme.  Funded from development budget.	2017	Decommissioned: Netheroyd Court Ellis Court Ings House Brentwood House
PS12	Develop a marketing strategy for independent living schemes.	Marketing plan in place by April 2013.	Older and vulnerable people aware of the independent living offer and available accommodation.  Uptake of community support services.  Increased choice and opportunity.	Service Director Enterprise and Health	£20,000  To be repaid from increase in Care Link numbers.	April 2013	Growth group assessing options
PS12	Encourage and support tenants to move to accommodation suitable for their physical requirements.	Special needs re-housing applications assessed within 28 days.	Uptake of Home Re-locator Service.  Increased independence.  Reduced accidents in home.	Service Director Enterprise and Health	Within existing resources.	2015	OT services Home re-locator Homeseach advice

## To help people live independently

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PS12 LP25 LP26	Transform current independent living support services to offer choice, flexibility and to promote personalisation.	90% overall satisfaction with support services.	Increased choice and opportunity. Reduced admissions to residential care. People staying at home for longer.	Service Director Enterprise and Health	Within existing resources.	2012	Tenant consultation completed.
PS12 LP25 LP26	Develop community based teams to offer support in the wider community.	Five community bases by April 2013.	People staying at home for longer. Uptake of community support service. Reduced hospital admission. Reduced admission to residential care.	Service Director Enterprise and Health	Within existing resources.	April 2013	Growth group assessing options.
PS12	Maintain Level A quality support services or equivalent.	Level A standard across all six Supporting People Quality Assessment Framework (QAF) objectives.	Delivery of excellent support services.	Service Director Enterprise and Health	Within existing resources.	2012 to 2015	QAF Level A achieved. Supporting People future uncertain at this time.
PS12	Agree personalised support plans with all service users.	100% service users to have an agreed support plan. 90% satisfaction with support planning process.	Promoting independence for older and vulnerable people.	Service Director Enterprise and Health	Within existing resources.	2012 to 2015	

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PS12 LP25 LP26	Assess options for implementing additional support and care services.	90% overall satisfaction with support services.  Agree care and support options by 2012.	Increased choice and opportunity for older and vulnerable people.	Service Director Enterprise and Health	Within existing resources.	April 2013	Growth group assessing options.
WA1	Consider support and employee benefits for those working at WDH with dementia.	90% of employees satisfied with WDH as an employer.	Older employees receive appropriate support in the work place.	Human Resources Manager	Within existing resources.	2012	
PS12 LP26	Promote assistive technology and Telecare for people with dementia.	90% of customers satisfied with the service.	People living at home for longer.	Care Link Manager	Within existing resources.	2012 to 2015	
PO13	Promote Housings 'offer' to health and social care commissioners.	Receive 100% further funding for health inequalities post 2013.	Integrated working. Prevention services developed.	Service Director Enterprise and Health	Within existing resources.	2012 to 2013	
PO13	Ensure that housing is represented on the newly formed Health and Wellbeing Board.	Housing representative on the Board.	Integrated working. Reduced health inequalities. Prevention services developed.	Chief Executive  Service Director Enterprise and Health	Within existing resources.	2012	
P013	Train front line operatives on Safeguarding Policies and Procedures,	90% front line employees received training on Safeguarding,	Safeguarding principles embedded throughout WDH,	Service Director Enterprise and Health	Within existing training resources.	2013	Employee Briefings.  Three employees completed train the trainer.  Safeguarding Adults e-learning compulsory module now delivered.

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PO9	Ensure that Telecare Services are accredited across all core competencies.	Telecare Services Association accreditation achieved.	Delivering excellent Telecare services.	Customer Contact Manager	Within existing resources.	2012 to 2015	Achieved.
PO13	Develop Telecare services to become a centre of excellence.	90% customers satisfied with Telecare services.	Delivering excellent Telecare services.	Customer Contact Manager	Within existing resources.	2012 to 2015	
P013	Market Telecare services to increase take up in the wider community.	Marketing Plan in place by April 2012.	Increased service take-up.	Customer Contact Manager	£5,000 To be funded from increased Care Link numbers.	2013	Care Link market testing report completed November 2011.
PO13	Replace hardwired alarm systems with community alarm.	100% community alarm service.	Flexible support. Promotes choice.	Customer Contact Manager	Joint capital contributions with Wakefield Council to be agreed.	2015	Negotiations with Wakefield Council started.
PO13	Provide adaptations to support vulnerable people to live independently.	Minor adaptations completed within eight weeks from referral, major 16 weeks and overall 12 weeks.	Supporting vulnerable people to live independently in their own home.  Reducing accidents in the home.	Service Director Enterprise and Health	Within existing resources.	2012 to 2015	
PO13	Consider opportunities for offering Occupational Therapist (OT) consultancy services.	100% of OT costs recharged for time spent on consultancy.	Generating income through WDH solutions.	Service Director Enterprise and Health	Charge £300 a day for OT services.	2012	

## Promote social inclusion within the community

Specific		Measurable		Resources			
Reference	Action	Target	Outcome	Who	Cost £	Target Date	Progress to Date
PO9	Maintain Customer Services Excellence.	Achieve Customer Service Excellence re-accreditation.	Delivering excellence.	Service Director Enterprise and Health	Within existing resources.	July 2012	Initial planning underway.
PO13	Contact vulnerable people within four hours in times of extreme weather.	Contact within four hours.	Reassurance for vulnerable people in times of severe weather.	Service Director Enterprise and Health	Within existing resources.	2012 to 2015	Process agreed.
PO13	Support older and vulnerable people to utilise available technology within independent living schemes.	90% satisfaction with the services received.	Promote social inclusion. Enable people to live independently in their own home.	Service Director Enterprise and Health	Within existing resource.	2012 to 2015	Silver surfer events taken place in independent living schemes.
PO13	Support and educate tenants on reducing the risk of falls.	Five awareness sessions completed within a year.	Reduce the risk of falling. Reduce risk of hospital admission.	Service Director Enterprise and Health	OT half a day, once a month.	2012	One awareness session held.



## **Vision**

to create confident communities

## **Mission**

to inspire, transform and promote excellence

## **Values**

to be creative, inclusive and work with integrity

**delivering promises, improving lives**